

Schuykill Valley School District
PIAA RECERTIFICATION FORM

**Second or Third
Sport of the Year**

(to be completed by parent using ink)

Student's Name: _____ Gender: _____ Age: _____ Grade: _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any **CHANGES** to the Personal Information and Emergency Information set forth in the PIAA Preparticipation Physical Examination Form that you filled out for the first sport of the year in the Personal Information and Emergency Information sections respectively.)

Name of Parent/Guardian: _____ Cell Phone: (____) _____

Parent E-mail: _____ Home Phone: (____) _____

Home Address: _____ City _____ Zip _____

Emergency Contact: _____ Relationship to Student: _____

Emergency Contact Home phone: (____) _____ Emergency Contact Cellular phone: (____) _____

Primary Care Physician: _____ City: _____ Office Phone: (____) _____

Medical Insurance Carrier: _____ Policy Number _____

SUBSEQUENT SPORT TO BE PLAYED: _____ Winter/Spring (circle one)

SUPPLEMENTAL HEALTH HISTORY (required) – Explain “Yes” answers at the bottom of this form. Circle questions where you don’t know or are unsure of the answers.

YES NO

1. Y N Have you sustained an illness and/or injury related to sport(s) since completing the Preparticipation Physical Exam Form that required medical treatment from a licensed physician of medicine or osteopathic medicine?
2. Y N Since completing the Preparticipation Physical Exam Form, have you had a concussion (i.e., bell rung, ding, head rush) or head injury?
3. Y N Since completing the Preparticipation Physical Exam Form, have you experienced dizzy spells, blackouts, and/or unconsciousness?
4. Y N Since completing the Preparticipation Physical Exam Form, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?
5. Y N Are you taking any NEW prescription on non-prescription (over-the-counter) medicines or pills since completing the Preparticipation Physical Exam Form?
6. Y N Do you have any concerns that you would like to discuss with a doctor?

No(s).	Please explain “YES” answers here:

I hereby certify that to the best of my knowledge all information contained herein is true and complete.

Parent's/Guardian's Signature _____ **Date** _____

I hereby certify that to the best of my knowledge all information contained herein is true and complete.

Student Signature _____ **Date** _____

NOTE: if any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the Principal, or Principal’s designee, of the herein named student’s school shall require the student to complete the back page of this form prior to being eligible to participate in the sport(s) identified above.